Mayor Michael B. Coleman

Teresa C. Long, M.D., M.P.H., Health Commissioner

Serving Columbus and Franklin County residents

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Ohio Department of Health

City of Columbus

Ben Franklin
TB Control Program
"Keeping You TB Free"

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2005 Annual Report

Ben Franklin TB Control Program

"Keeping You TB Free"

Columbus Public Health

"Healthier, Safer People"

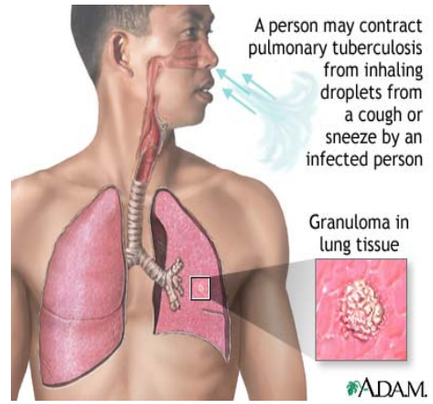
Tuberculosis Prevention and Control

Tuberculosis (TB) is a communicable, airborne disease caused by the bacillus *Mycobacterium tuberculosis* (*M.tb*). Dating back to at least to 1930 and the Ben Franklin TB Hospital, the local TB Control Unit for Columbus and Franklin County has evolved into a modern TB Clinic and a Direct Observed Therapy (DOT), Community Outreach Team.

The Clinic screens for TB and treats patients for Latent TB Infection (LTBI), preventing future active TB cases. The DOT Program treats active TB patients in their living environment and does community outreach and education activities as well.

TB Control Program Outcomes, Reported in 2005 :

- 91.2% of active TB patients completed treatment within 12 months
- 93% of the close contacts of active TB cases were evaluated and 84%of these infected contacts started treatment for LTBI
- 97% of active TB cases are interviewed within 3 days of initial notification



Latent TB Infection (LTBI)

Persons who are infected with *M.tb* but not sick or contagious, have Latent TB Infection (LTBI). They most likely have a positive skin test and a normal chest x-ray. About 10% of people with LTBI will go on to develop active TB disease in their lifetime. However, a medication called Isoniazid (INH), taken daily for nine months, kills the latent TB germ.

Failure to complete treatment for LTBI can lead to active TB disease and non-compliance with the active TB disease regimen can lead to multidrug-resistant (MDR) TB.

Contacts of active TB cases are at the greatest risk to develop active TB disease within two years of exposure.

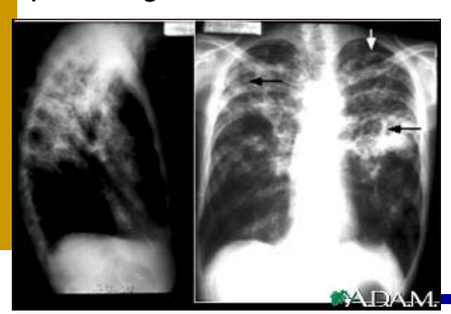
Ben Franklin TB Control Program Interventions

TB in 2005

- 30% of Ohio's active TB patients reside in Franklin County.
- There is a 40% increase in active TB over last year.
- 69% of active TB patients and 76% of positive TB Clinic skin tests are in foreign-born patients.
- At least 30 different nationalities come through the TB Clinic, requiring many translation resources.
- By country: 46% of TB cases are from Somalia, 19% from Mexico, 6% from Cambodia, and 6% from India.
- By region: 50% of active TB patients are from Africa, 23% from the Americas, 21% from Asia, 4% from the Middle-East/Northern Africa, and 2% from Europe.

Tuberculosis :

Advanced Disease Chest x-ray, arrows point to lung cavities



TB In Franklin County

Years	2005	2004	2003
TB Cases	77	55	61
Case Rate	7.1	5.1	5.6
Ohio TB Cases	260	219	229
Ohio Case Rate	2.3	1.9	2.0
TB Clinic Visits	28,902	29,725	27,264
Outreach Visits	9,434	8,493	8,174
X-Rays	3,874	3,645	3,724
Skin Tests	10,319	11,832	10,212
Medication Visit	7,007	5,884	4,314

2006 Projected TB Budget

Revenue		$1,897,118
Franklin County Commissioners		
Ohio Department of Health		
(In-kind) City of Columbus		
Expenses	Personnel	$1,254,119
	Services	$ 663,310
	Total	$1 ,917,429

Who is at high-risk for TB ?

- Immigrants from countries with a high rate of TB
- People in close contact with an active TB case
- Being a health care worker serving high-risk clients
- Residents/employees of group settings
- People with HIV infection/other medical conditions
- Illicit drug users

Case Study:

Although he was born in the U.S., Mr. R. had four major risk factors for TB: homelessness, HIV infection, heavy drinking, and I.V. drug use. In fall of 2004, he was diagnosed with TB and left the hospital. Because he did not go to his arranged housing, he was back on the streets where he soon stopped taking his HIV and TB medications. As a result, his illness progressed. He became so sick, that he was in and out of the hospital several times. In the summer of 2005, he was found, thanks to the diligence of a public health nurse. TB care contracts and compliance letters, written by the physician and the program director, were used to gain his trust and cooperation. Staff gave food coupons to ensure he took his medications. The social worker gave Mr. R. provisions and lodging to help him get well, and the nurse persevered in creating a trusting bond as she visited daily to assess and observe him take his 12 pills. Through their efforts his health and life turned around. Mr. R. completed his treatment and got back on the road to recovery. Today, he is well – and no longer a public health threat, contributing to our goal of "healthier, safer people" in Franklin County.

2006 Goals

- Improve the case management process to better measure program effectiveness
- Expand physician involvement in the management of Latent TB Infection
- Focus TB testing more on high-risk populations
- Introduce the Quantiferon-Gold TB blood test in a proactive and cost-effective manner
- Develop a local stakeholders' partnership to address TB issues in at-risk populations
- Increase focus of programming on Centers for Disease Control and Prevention evidence-based interventions
- Educate policy makers on TB policy issues

TB Skin Test